



Wisconsin Health and Physical Education

Membership Form

I. General Information

From: Month _____ Year _____ To: Month _____ Year _____

Membership Type (Select One): Current New Renewal of Expired Membership

II. Contact Information

First Name: _____ Last Name: _____

Street: _____

City: _____ State: _____ Zip: _____ Work Phone: _____

E-mail Address: _____

III. Teaching Level (Select One)

Elementary Middle Secondary University/College Other

IV. Students Only

School Attending: _____

Year (Select One): Freshman Sophomore Junior Senior Graduate

V. Primary Area of Interest (Select One)

Health - H Sports & Athletics - A Physical Education – P Student - S
 Dance - D Recreation - R APE (Adapted Physical Education) General - G

VI. District and Membership Type

District (Select One)

- SE Southeast District - CESA Districts 1 & 2
- SW Southwest District - CESA Districts 3 & 4
- C Central District - CESA Districts 5, 6, & 7
- NE Northeast District - CESA Districts 8 & 9
- NW Northwest District - CESA Districts 10, 11, & 12

Membership Type (Select One)

- Lifetime (\$600)
- Professional (\$80)
- Associate (\$80)
- Student (\$35)
- Undergraduate Student 5-year Membership (\$99)
- Retired (\$20)
- Retired – Paid for Life (\$100)

Current District of employment: _____



Print this form and send by mail (with payment) to:

WHPE
145 Mitchell Hall
1725 State Street
La Crosse, WI 54601-3788

Make Checks Payable to: WHPE

OFFICE USE ONLY

EXP. DATE _____
Date Rec'd _____
CK# _____
Amt. PD _____